

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|---|
| 1. File Number U - <u>9372</u> | 2. Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u> |
| 3. Name and address of person filing Name <u>William R. Waterkotte</u> P O Box, Bldg., Room No., if any _____ Street <u>1287 Girard Rd.</u> City <u>Pgh.</u> State <u>PA</u> ZIP Code + 4 <u>15227</u> | 4. Name, file number, and address of labor organization Name <u>GREATER P. REGIONAL COUNCIL OF CARPENTERS</u> Labor Organization File Number <u>035030</u> P O Box, Building and Room Number, if any _____ Street <u>495 MAUSFIELD AVE</u> City <u>Pgh.</u> State <u>PA</u> ZIP Code + 4 <u>15205</u> |
| 5. Position in labor organization <u>ASSISTANT EXECUTIVE SECRETARY TREASURER</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 7 a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 60px; width: 100%;"></div> 7 b. Amount. <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete (See the section on penalties in the instructions.)

Signed William R. Waterkotte On 8/10/05 412-922-6200 x4531
Date Telephone Number

Name of Person Filing

William R. Waterkotte

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name TUCKER AGENSBURG ATTORNEYS

Trade Name if any

P O Box, Bldg Room No, if any

Street 1500 ONE PPG PLACE

City PGH.

State PA ZIP Code + 4 15222

9 Business deals with

- ☐ a Labor Organization
- ☐ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

GOLF

11 b Approximate dollar value of such dealing

\$175.00

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing

William R. WATERKOTTE

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name VICTORY CAPITAL MANAGEMENT

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 50 Fountain Plaza 5TH FLCity BUFFALOState N.Y. ZIP Code + 4 14202

9 Business deals with

- ☐ a Labor Organization
- ☐ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

GOLF

11 b Approximate dollar value of such dealing

\$13500

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing

William R. WATERKOTTE

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name MOBILE MEDICAL

Trade Name, if any

P O Box, Bldg, Room No., if any

Street 2413 LITTLE RD

City BETHAL PARK

State PA ZIP Code + 4 15102

9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No., if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

GOLF

11 b Approximate dollar value of such dealing

\$160

12 a Nature of interest held or income received.

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No., if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing

WILLIAM R. WATERKOTTE

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name P.N.C. INVESTMENTS

Trade Name, if any _____

P O Box, Bldg, Room No, if any _____

Street ONE PNC PLAZA 249 5TH AVE 2NDCity PBAState PA ZIP Code + 4 15222

9 Business deals with

- ☐ a Labor Organization
- ☐ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name _____

Trade Name, if any _____

P O Box, Bldg, Room No, if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11 a Nature of such dealing

ANNUAL GOLF OUTING
LUNCH - \$34.50
GOLF - \$297.34
Dinner - \$86.34

11 b Approximate dollar value of such dealing

\$418.18

12 a Nature of interest held or income received

12.b Amount

\$418.18

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name _____

Trade Name, if any _____

P O Box, Bldg, Room No, if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14 a. Nature of payment

14 b Amount of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing

William R. Wadzwotte

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name HIGHMARK BLUE CROSS / SHIELD

Trade Name, if any

P O Box, Bldg Room No., if any

Street 120 FIFTH AVE, 5TH AVE PLACE

City PGH

State PA ZIP Code + 4 15222

9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No., if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

GOLF OUTING

11 b Approximate dollar value of such dealing

\$172.84

12 a Nature of interest held or income received

12 b Amount

\$172.84

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No., if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing

WILLIAM R. WATERKOTTE

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name YANNI PARTNERS

Trade Name, if any _____

P O Box, Bldg, Room No, if any _____

Street 310 GRANT ST. SUITE 300City PGHState PA ZIP Code + 4 15219

9 Business deals with

- ☐ a Labor Organization
☐ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name _____

Trade Name, if any _____

P O Box, Bldg, Room No, if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11 a Nature of such dealing

STEELER FOOTBALL GAME

11 b Approximate dollar value of such dealing

1220.50

12 a Nature of interest held or income received

12 b Amount

1220.50

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name _____

Trade Name, if any _____

P O Box, Bldg, Room No, if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14 a Nature of payment

14 b Amount of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing William R WATERKOTTE

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name TUCKER ADENSBURGTrade Name if any P O Box, Bldg, Room No, if any Street 1500 ONE PP6 PLACECity POHState PA ZIP Code + 4 15222

9 Business deals with

- ☐ a Labor Organization
- ☐ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4

11 a Nature of such dealing

STEELER FOOTBALL GAME

11 b Approximate dollar value of such dealing

195

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment